

**West Virginia Board of Examiners  
for Registered Professional Nurses**

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**Lost License Form**

**FEE FOR DUPLICATE LICENSE: \$10.00** (Money Order or Check made payable to the WV BD of Exam for RN)

License #		Soc. Sec. #	
Name			
Address			

**AFFIDAVIT**

STATE OF \_\_\_\_\_

COUNTY OF \_\_\_\_\_

I, the undersigned, being duly sworn according to law, do depose and say that on or about the day of \_\_\_\_\_, 20\_\_\_\_, I lost my original West Virginia Certificate of Registration (license card), Number \_\_\_\_\_, entitling me to practice as a registered professional nurse in West Virginia, and that this affidavit is necessary in order that a record of this loss may be filed in the offices of the West Virginia State Board of Examiners for Registered Nurses, and that a replacement may be issued to me. The said certificate was lost or stolen or never received by me in, on, or about the following time and location and under the following circumstances:

Signature of Applicant \_\_\_\_\_

Subscribed and sworn to before me this \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

My commission expires on the \_\_\_\_\_ day of \_\_\_\_\_, 20\_\_\_\_.

(SEAL)

Notary Public in and for

COUNTY \_\_\_\_\_

STATE \_\_\_\_\_

\_\_\_\_\_  
NOTARY SIGNATURE